Mental Welfare Commission for Scotland

Report on announced visit to: Royal Edinburgh Hospital, Ward 14 and Canaan Ward, Morningside Terrace, Edinburgh EH10 5HF

Date of visit: 29 March 2016

Where we visited

Ward 14 and Canaan ward are dementia assessment wards for people over the age of 65 in Edinburgh. Each ward has 18 beds. Ward 14 is for men and Canaan is for women. Each ward will move to a 15-bedded ward in the new Royal Edinburgh Hospital in February 2017.

We last visited Ward 14 and Canaan together on an announced visit on 06 February 2014. We visited Ward 14 alone on an unannounced visit on 05 March 2015. On those visits we made the following recommendations:

On our visit to Ward 14 and Canaan on 06 February 2014 we made recommendations about:

- activity provision;
- improving quality of information in case files
- reviewing prescribing of 'if required' medication
- improving nursing staffing levels.

On our visit to Ward 14 on 05 March 2015 we made recommendations about:

- addressing issues preventing the planned reduction of bed numbers from 20 to 18, and informing us of progress with delayed discharges
- addressing variability of case files and implementing monthly audits of case files that were planned by the service following our previous visit

On the day of this visit we wanted to follow up on the previous recommendations.

We also wanted to ask more about staffing levels in ward 14. This was because we received letters from two visitors to patients in January and February 2016. They were very complimentary about care provided by nursing staff. However, they considered that the ward was short staffed at times and that this had a negative effect on patient care. They made complaints to NHS Lothian. We have asked to be provided with copies of NHS Lothian's responses to these complaints.

Who we met with

We met with 14 patients. We also met with five relatives/carers in Ward 14.

We spoke with the clinical nurse manager, the senior charge nurse on each ward, other nursing staff on each ward and the activities coordinator in Ward 14.

Commission visitors

Dr Mike Warwick, medical officer (visit coordinator)

Moira Healy, social work officer

Margo Fyfe, nursing officer

What people told us and what we found

Care, treatment, support and participation

The atmosphere in both wards was calm on the morning of our visit. Patients were up and dressed, engaged in activities and seemed comfortable with staff. All interactions we saw staff having with patients were warm and respectful. Patients were well dressed and clearly well supported with personal care. Ward 14 became more noisy in the afternoon.

Some patients were able to have more discussion about their care with us than others.

Several patients in each ward made positive comments about staff and care they receive from staff. No patients made any negative comments about staff.

Relatives/carers we spoke to in Ward 14 all spoke highly of care provided by nursing staff. Several mentioned support they receive from nursing staff themselves, and that staff keep them informed. Two said that they had not yet met their relative's consultant psychiatrist, although they had been in the ward for some time.

We were pleased to hear from the senior charge nurse in Canaan that nursing staffing levels have remained at higher levels than when we previously visited.

Nursing staffing levels in Ward 14

Four carers/relatives said that nursing staff seem to be very busy at times or that they think there are sometimes not enough staff on duty. Two of these people had previously contacted the Commission and made complaints to NHS Lothian about these matters. They told us how they think staffing levels can impact on patient care. They said that nursing staff availability for other patients can be a particular issue when there are several people on 1:1 nursing observations.

We discussed staffing levels with the clinical nurse manager and senior charge nurse. We were pleased to hear that staff sickness levels are quite low. They explained that they have sought to employ extra nursing staff for shifts when required. However they have not always been able to source extra staff. This has been a particular problem when there have been several patients on constant observations. This was the case in January 2016, then numbers of people on

constant observations reduced and staffing became easier again. However, there were three people on constant observations again on the week of our visit.

The clinical nurse manager said that the service continually recruits nursing staff, but this is a challenge. At recent interviews only half of 15 Band 2 posts for the whole service were filled.

We appreciate the difficulties in maintaining staffing levels in Ward 14, particularly when there are several patients on constant observations. We are concerned that this can have an adverse effect on patient care.

Recommendation 1

Senior nurse managers should undertake a further review of nursing staffing levels in Ward 14, and consider what additional action they could take to consistently achieve the staffing levels the ward requires.

Care Plans

Canaan

We found care plans in place for mental health issues. Some were more person-centred than others. Some care plans for stressed and distressed behaviour lacked detail about what works best to support and redirect the individual. Nursing staff had completed reviews and evaluations of care plans, which is good practice. Some reviews did not contain detail of actions taken to progress care goals.

Ward 14

We found that nursing care plans for mental health issues in Ward 14 were variable. We were pleased to hear from the senior charge nurse that development of more person-centred care plans for individuals is being taken forward. She said that some new care plans had been written by the band 6 charge nurse and this would be continued.

One care plan we saw for stressed and distressed behaviour was particularly person-centred and we thought it was excellent. Some care plans for mental health issues were generic and not written in a personalised way. Two people whose notes we reviewed had no specific care plans for stressed and distressed behaviour or other mental health issues.

We appreciate that improving nursing care plans is a work in progress, and that doing so in the context of high clinical activity levels and staffing difficulties is challenging. However, we had hoped to find good quality nursing care plans more consistently in place following our previous recommendations and NHS Lothian's plans to address these. We understand that monthly audits of notes that were planned have not recently been happening.

In two sets of notes we looked at the ‘comprehensive needs assessment’ proforma to be completed after admission was blank.

Both wards

We suggested at our end of visit meeting with the senior charge nurses and clinical nurse manager that nursing staff may find it helpful to write notes with a situation, background, assessment, recommendation (SBAR) approach. Nursing staff elsewhere have found this helpful for care planning.

Recommendation 2

Managers should ensure that patients have person-centred care plans for their mental health needs. Nursing staff should undertake summative evaluations of these care plans that clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.

Recommendation 3

Managers should undertake regular audits of notes to ensure documentation is completed and care plans and reviews of these are of good quality.

Weekly multidisciplinary team (MDT) ward round documentation

Each consultant psychiatrist holds a ward round weekly. Nursing staff complete a sheet for the meeting. Medical staff write an entry in the medical notes. Notes of the ward round tended to be brief and did not usually contain a full attendance list. There was limited reflection of plans from ward rounds in nursing care plans. The clinical nurse manager told us that it is planned to implement new processes for documenting MDT meetings. This should include an attendance list. We look forward to seeing this in use on future visits.

Life history information

Nursing staff routinely seek to complete the ‘getting to know me’ proforma, often with the assistance of relatives. This is good practice, but the amount of information that these contained was variable. Some provided a lot of useful life history information. Others were more scant.

Life history information is clearly important to inform person-centred activity and care planning. We consider that staff should routinely compile detailed life history information. Manager should consider whether ‘getting to know me’ is the most suitable tool for this. If relatives cannot provide necessary information, other sources such as social work records should be used.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms

In Canaan ward we saw three DNACPR forms that had been completed without consultation with family. One of these patients had a welfare power of attorney. In Ward 14 we saw one DNACPR form completed by a foundation year two (FY2) doctor but not yet signed by the consultant.

The judgement in the English Winspear case [Winspear v City Hospitals Sunderland NHS Foundation Trust (2015) EWHC 3250 (QB)] suggests that, under Article 8 of the European Convention on Human Rights, relatives should normally be consulted in advance of a DNACPR notice being completed for a patient who cannot consent, and they should certainly be consulted as soon as reasonably practical after it has been completed. The expectation of consultation with any welfare proxy would be even greater.

Delayed discharges

Following our previous visits we raised concerns with NHS Lothian and the City of Edinburgh Council about the number of patients whose discharge was delayed. We sought updates on progress with this. We are pleased that numbers of delayed discharges have been considerably reduced. On this visit there were five in each ward.

City of Edinburgh council managers attend a discharge planning meeting with the Older People Mental Health Service weekly. Processes have been developed to speed up discharges. Managers know at the meeting which care homes have vacancies. The clinical nurse manager said that this is working well. We would like to be kept informed of future developments.

‘If required’ psychotropic medication prescriptions

We were pleased to see ‘if required medications’ safely prescribed with dosage intervals, maximum daily dosages, and need for these assessed on an individual basis.

Falls and falls management

The clinical nurse manager and senior charge nurses discussed falls and falls management with us.

They said that the incidence of falls is quite high in Ward 14. Risk of falling is the most usual reason for a patient requiring constant nursing observations (this was the case for two of the three people on constant observations that day). After analysing timings of falls, managers increased staffing levels between 4-10pm. It is good that this resulted in some reduction in incidence of falls.

Motion sensor technology is now being used to improve falls management for individuals in both wards. The service is reviewing and developing falls risk assessment and management procedures, including enhanced falls care rounding. This is good practice.

Datix incident reports

A high number of incidents for which datix forms are completed occur in Ward 14 (twice as many as in Canaan). We appreciate that factors include the nature of the patient group, their male gender and environmental factors (which we have referred to more below). The clinical nurse manager and senior charge nurse said that these are mainly episodes of falls or violence and aggression. There was a backlog of unprocessed datix reports. We appreciate that this has occurred in the context of high levels of clinical activity and staffing issues. The clinical nurse manager was helping to process these.

Recommendation 4

Nurse managers need to process outstanding datix reports to ensure that any opportunities to develop or improve patient care are identified.

Covert medication

In each ward one person we saw was receiving covert medication. Mental Welfare Commission covert medication pathways were in place, which is good practice. However we could only find the first page of the pathway for one, and both were written on the old version of the proforma. The updated version should be used, particularly as this includes information on the method of covert administration. This is available on our website:

http://www.mwcscot.org.uk/media/91695/care_pathway_final.pdf

Use of mental health and incapacity legislation

Mental Health Act (Care and Treatment) (Scotland) Act 2003 – consent to treatment (T2) and certificate authorising treatment (T3) forms

Copies of T3 forms were kept with medication prescription sheets in Ward 14. This is good practice. This was not the case in Canaan, although there were copies in the case notes.

Adults with Incapacity (Scotland) Act 2000 s47 certificates

In both wards we saw s47 certificates/treatment plans that contained general entries that did not cover medical conditions that the individual was receiving treatment for. Individual conditions/interventions need to be specified on the s47 certificate itself, or on an attached treatment plan (unless they are covered by an entry for 'fundamental

healthcare procedures'). This is explained in the Code of Practice for Part 5 of the Adults with Incapacity Act:

http://www.gov.scot/Publications/2010/10/20153801/0

In both wards, copies of s47 certificates were in case notes but not with medication prescription sheets.

Recommendation 5

Managers should ensure that medical staff are trained in correct completion of Adults with Incapacity (Scotland) Act 2000 s47 certificates and treatment plans. All medication that a patient is receiving under the Adults with Incapacity Act should be properly covered.

Recommendation 6

Copies of T2 and T3 forms and s47 certificate should be kept with the patient's medication prescription sheet.

Adults with Incapacity (Scotland) Act 2000 – welfare proxies

In Canaan two patients we saw were subject to welfare power of attorney. There were copies of the power of attorney documents in their files, which is good practice.

In Ward 14 it was documented in two sets of notes we saw that the patient had a welfare power of attorney. However, there were no copies of the power of attorney documents. There were contradictions in his notes regarding whether a third patient had a welfare power of attorney.

We made recommendations following our previous visits to Ward 14 about recording clearly on front sheets details of any welfare attorney or guardian, and obtaining copies of the powers. There are clearly still issues with this.

There is a section on the front sheet for recording whether or not the patient has a welfare guardian or welfare power of attorney and, if so, their details. We consider that this section could be improved and made clearer.

Recommendation 7

Managers should review the section on the front sheet for recording details of any welfare proxy (i.e. welfare guardian or welfare power of attorney). Staff in Ward 14 should ensure that, if there is a welfare proxy, they obtain a copy of the guardianship order or power of attorney from them and file this in the patient's notes.

Rights and restrictions

In Ward 14, we noted that a medical assessment had been requested and undertaken when an individual had been aggressive during personal care. This is good practice.

We were concerned about another patient's situation in Ward 14. He had become informal a week earlier when his short term detention certificate lapsed. Nursing staff said that they understood that it had been intended to submit a compulsory treatment order (CTO) application, but this had not happened. They said that the patient could still require restraint for provision of personal care. This had been necessary that morning. We discussed this with the senior charge nurse. We advised her to ask the consultant psychiatrist to assess whether the patient required to be detained under the Mental Health Act. She said she would. Since the visit we have obtained an update on this individual's care and treatment.

Activity and occupation

Canaan

We saw evidence that people were engaged in activities and being supported to have time off the ward, including using the garden off Pentland ward. Nursing staff have protected time for one hour on two afternoons per week for activities provision, some of which includes families.

The previous activity coordinator had left two months previously. Interviews were being held for the post that day. Nursing staff had been providing more activities to fill this gap. Volunteers input regularly to the ward. Patients attend a coffee morning once per week held for patients with dementia throughout the hospital, Elderflowers and therapet sessions. Discussions are taking place with Artlink to see if they can provide sessions in the ward.

Ward 14

An activity coordinator provides 30 hours per week of 1:1 and group activities. There is a large, bright activities room which is well used. The activity coordinator told us that she gets people out and about as much as possible. Three patients went out for a walk with her on the morning of our visit. Volunteers provide a lot of input. Patients use the ward garden and attend sessions including service of refection, library group, the dementia coffee morning, therapet and Elderflowers.

One man particularly told us that he liked being on the ward, and that the activities coordinator was always arranging plenty of things for him to do. We saw documentation in case notes of patients' involvement in varied activities on and off the ward.

Nursing staff told us that they have little time to engage in particular activities with patients. We suggested to the clinical nurse manager and senior charge nurse that they consider introducing protected engagement time for nursing staff, as this has been so successful in Canaan. We appreciate, however, that Ward 14 does not yet have this in the context of high levels of clinical activity and staffing issues.

The physical environment

It is well recognised that there are aspects of the environment in both wards that make them unsuitable for the patient group, including shared dormitory accommodation. Both wards will be moving to the new Royal Edinburgh Hospital in February 2017. There are some environmental matters which need to be improved in the meantime.

Canaan

We found that Canaan was very clean.

There was some exposed pipework in a bathroom that should be boxed in.

The menu board was not being used. We consider that it would be beneficial for patients if staff used this.

Ward 14

There is a safe, enclosed garden and patients use this. This is a good facility. One individual we saw uses the garden regularly when he becomes aggressive and distressed. This time outside helps to calm him.

Two relatives/carers particularly mentioned high levels of noise in the ward, and that this was often distressing for patients. Some staff also said this. On the afternoon of our visit there were a lot of visitors and the ward became very busy and noisy. This was particularly the case in the main sitting area, where most people were. Noise was also caused by the phone regularly ringing and the doorbell. We would advise that it may be helpful to encourage visitors to disperse more within the ward if it is safe for them to do so e.g. more use of the dining room.

There was intermittent loud noise from the radiator in the dining room. Staff were able to stop this when it occurred, but Estates should rectify the problem.

The senior charge nurse showed us that some signage had been torn/removed by a previous patient. Replacements were awaited. The glass panel in the door of a bathroom was cracked and needs replaced.

Some patients' bed areas were personalised more than others. Some had little personalisation and quite a number of memory boxes were empty. This was disappointing, particularly as regular use of memory boxes was included in NHS Lothian's action plan following our previous visits.

The menu board was not being used. We consider that it would be beneficial for patients if staff used this.

There was a board in the corridor that was used in the past to display occupational therapy sessions. These no longer occur and the board is blank and not used. This does not look good. It could be used to display current therapeutic activities.

Recommendation 8

In Ward 14, managers should review the personalisation and use of memory boxes in patient bed areas and give consideration to further supporting individuals to have more personalised bed spaces**.**

Recommendation 9

Managers should review whether there are ways in which noise levels can be reduced in Ward 14.

Recommendation 10

Managers should attend to the maintenance issues in Canaan and Ward 14 that are detailed in this report.

Summary of recommendations

1. Senior nurse managers should undertake a further review of nursing staffing levels in Ward 14, and consider what additional action they could take to consistently achieve the staffing levels the ward requires

2. Managers should ensure that patients have person centred care plans for their mental health needs. Nursing staff should undertake summative evaluations of these care plans that clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.

3. Managers should undertake regular audits of notes to ensure documentation is completed and care plans and reviews of these are of good quality.

4. Nurse managers need to process outstanding datix reports to ensure that any opportunities to develop or improve patient care are identified.

5. Managers should ensure that medical staff are trained in correct completion of s47 certificates and treatment plans. All medication that a patient is receiving under the Adults with Incapacity Act (Scotland) Act 20 should be properly covered.

6. Copies of T2 and T3 forms and s47 certificate should be kept with the patient's medication prescription sheet.

7. Managers should review the section on the front sheet for recording details of any welfare proxy (i.e. welfare guardian or welfare power of attorney). Staff in Ward 14 should ensure that, if there is a welfare proxy, they obtain a copy of the guardianship order or power of attorney from them and file this in the patient's notes.

8. In Ward 14, managers should review the personalisation and use of memory boxes in patient bed areas and give consideration to further supporting individuals to have more personalised bed spaces**.**

9. Managers should review whether there are ways in which noise levels can be reduced in Ward 14.

10. Managers should attend to the maintenance issues in Canaan and Ward 14 that are detailed in this report.

Good practice

In both Ward 14 and Canaan there is a good level of activities provision. Nursing staff in Canaan have protected engagement time on two afternoons per week to engage in activities with patients.

Managers have undertaken work to review and develop falls risk assessment and management procedures, and this is continuing.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland

Mike Diamond

Executive Director (Social Work)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.
The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors. Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

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